

Conference **Registration**

Attendee Information

Full Name: _____

Title: _____

Agency: _____

Division: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email: _____

Conference Fees

Full Registration = **\$195** USD (\$150 if before 9/15/04)

Payment Method

*Payable to **Erie County LEPC**

☐ Check Number: _____

☐ Purchase Order Number: _____

Sorry, No Credit Cards Accepted

*Payment must accompany registration form. Please mail completed form to the address listed. Form may be faxed only if a purchase order number is included. Cancellation and refunds will be made only if requested in writing to the conference registrar. **No refunds will be made after September 15, 2004.** Registration may be transferred to another individual with written notice.*

Register Soon!
Space limited to 500 persons

Mail To:

Erie County LEPC
95 Franklin St.
Room 270
Buffalo, NY
14202

Save Early!

Register before
September 15th
and save
\$45!

Fees Include:

All Conference
materials!

Sit-down **lunch**
both days!

Breakfast **both**
days!

Tremendous
Networking
Potential!